

Report

Interdisciplinary meal preparation skills program

Akiko HARA *Kohnan Hospital, Asaba Medical Research Foundation*
Chiaki HASEGAWA *Kohnan Hospital, Asaba Medical Research Foundation*
Sayaka HATACHI *Kohnan Hospital, Asaba Medical Research Foundation*
Jonathan CHENG *Kohnan Hospital, Asaba Medical Research Foundation*

Abstract

An interdisciplinary team of occupational therapists, dietitians, nurses, psychiatric social workers, psychologists and psychiatrists was established in order to assist inpatients in the transition from institutional living to community living. The team members cooperated in designing and implementing a program that would assist participants in acquiring the skills necessary to prepare nutritionally well-balanced meals that would meet their budget. Special care was taken to ensure safety and hygiene. Throughout the program, the abilities of the participants in planning meals, shopping and preparing meals were evaluated in order to assess the efficacy of the program. The results suggest that participation in the meal preparation program help inpatients in their return to community living by enhancing their skills and confidence in their abilities to plan and prepare meals.

Key words : interdisciplinary team, meal preparation skills, nutritional balance, community living, budgeting

Introduction

According to a study, outpatient schizophrenics lack proper knowledge of controlling their food and beverage consumption. Unlike inpatients whose diet is properly controlled through meals prepared by licensed dietitians, outpatients have a tendency to consume large amounts of food and beverages, which as a result leads to obesity.

The purpose of this program was to assist inpatients in the transition from institutional living to community living by helping them to develop the skills necessary to independently prepare nutritionally well-balanced meals that would meet their budget. Special care was taken to ensure safety and hygiene. An interdisciplinary team was formed in order to plan and

implement the program. The effects of the program were assessed using an evaluation form designed by the team.

Subjects

Six inpatients participated in the program. The participants were divided into two groups, 3 in each group, and each group participated in the program every other week. The age at the time of the program, gender, diagnosis, and the age at the time of diagnosis are given in Table 1.

Method

1) Staff Involvement

The interdisciplinary team consisted of the following staff members :

Occupational Therapists :

Akiko Hara, Sayaka Hatachi, Chiaki Hasegawa

Table 1

Program Participants			
Ages	Gender	Diagnosis	Age at Time of Diagnosis
54	Female	Schizophrenia	29
51	Female		35
23	Male		20
56	Male		44
42	Male		30
61	Male		38

Dietitians :

Sharon Iwama, Rikako Hanafusa, Kei Nohno,
Yuko Hino

Nurses :

Tomiko Hayashi, Yukiyo Isono

Psychiatric Social Workers :

Natsue Murata, Akiko Mitsuta

Psychologists :

Naohide Katayama, Yasuo Kawabata

Psychiatrists :

Jun Ebata, Naoshi Tanihira, Munehiro Ohta

Information Technologist :

Jonathan Cheng

- d) Took part in the meetings and prepared meals with the participants

Nurses :

- a) Motivated patients through encouraging active participation in the program
b) Provided assistance to participants in preparation for discharge
c) Took part in the staff meetings and in participant selection

Psychiatric Social Workers :

- a) Accompanied participants in going shopping
b) Took part in the staff meetings and in participant selection

Psychologists :

- a) Took part in the staff meetings and in participant selection

Psychiatrists :

- a) Obtained informed consent from each of the participants
b) Provided assistance to participants in preparation for discharge
c) Took part in participant selection

Information Technologist :

- a) Was responsible for the overall evaluation of the program

The tasks of each of the disciplines were as follows :

Occupational Therapists :

- a) Took the leadership in all aspects of the program
b) Conducted meetings with other staff members and with participants
c) Accompanied participants in going shopping and prepared meals with the participants
d) Gave assistance and advice on budgeting, the use of public transportation, cooking techniques, and safety and hygiene
e) Assisted participants in evaluating their interpersonal skills, their ability to carry out tasks, and their overall performance
f) Evaluated and reported on the progress of the program to other disciplines

Dietitians :

- a) Provided dietary advice
b) Made recipes for use during the program and by the participants after discharge
c) Gave assistance and advice on cooking techniques as well as on safety and hygiene

2) Participant Selection

Participants were selected in consultation with the psychiatrists.

Selection Criteria :

- a) Symptoms were stable
b) Diagnosis was schizophrenia
c) Possibility of discharge in the near future

Informed consent was obtained from each participant.

3) Evaluation Sheet Preparation

In preparing an evaluation sheet to assess participants' abilities, an interdisciplinary group of staff members discussed what skills were necessary for meal planning, shopping and meal preparation. The completed evaluation sheet was used for self-evaluation by the participants and for evaluation of the participants by the staff.

The main areas of focus (budgeting, shopping and meal preparation) were evaluated according to the ability of the participants :

- A : Able to perform the task independently
- B : Able to perform the task with assistance
- C : Unable to perform the task

Participants performed self-evaluations three times during the program : once before the start of the program, once 5 months into the program, and at the end of the program. Evaluations were performed by the staff after every session.

The evaluation results as well as the activity logs of each session were distributed to each of the wards in which the participants belonged. This was done in order to ensure that staff members in all disciplines were aware of the participants' progress.

4) Program Implementation

a) Meal Planning

A week before each meal preparation session, participants discussed what to cook while referring to cookbooks. Participants were given nutritional and budgeting advice from the occupational therapists and dietitians.

b) Shopping

A day prior to the meal preparation sessions, participants went shopping for ingredients at the local supermarket by bus, accompanied by the occupational therapists and psychiatric social workers.

c) Meal Preparation

Participants referred to recipes provided by the dietitians to prepare the meals. They were given procedural advice as well as advice on cooking methods.

5) Implementation Period

July 2001 to July 2002

6) Cost to participants

Ingredients :

500 yen per session

Value was based on Social Welfare Financial Assistance (Table 2)

Transportation cost :

320 yen bus fare to the supermarket

Table 2

<u>Social Welfare Financial Assistance</u>	
Tamano City	
(Amount of Assistance as of June 2001)	
<u>Single Welfare Recipient</u>	
Type 1 Assistance (Food Expenses and etc.)	30,000 yen
Type 2 Assistance (Utility Expenses and etc.)	40,000 yen
* (Type 1 Assistance varies with age of recipient)	
Housing Assistance	33,900 (Maximum)
Monthly Assistance =	
Type 1 + Type 2 + Housing Assistance	

Results and Discussion

Self-evaluations performed by the participants during the 3 different stages of the program showed improvement over the period of the program. Most of the evaluation criteria whose results were initially B or C had improved to A by the end of the program. The same trend was seen in evaluations performed by the occupational therapists and dietitians.

By the end of the program, participants' abilities to perform necessary tasks had improved. The following observations were made.

1) Budgeting

- a) Participants became aware of how much money they could spend for each meal and were able to keep the total cost within the budget.

- b) As participants became aware of the approximate cost of meat and vegetable products, it was easier for them to estimate the cost of a particular meal.

2) Shopping

- a) Participants learned to utilize public transportation. They had learned how to read the timetable as well as to pay the bus fare.
- b) At the beginning of the program, there was a tendency for participants to put items in the shopping baskets/carts as soon as they located them in the store. However, through practice, they were able to check expiration dates, freshness and prices.
- c) Participants learned to find items at the supermarket that were not on the shopping list, but could be used in preparing the meal.

3) Meal Preparation

- a) Participants acquired basic meal preparation skills.
- b) Participants learned the proper use of cooking utensils and were able to use them safely.
- c) Participants learned to gauge cooking times, and were able to wash cooking utensils while the meal was being cooked.
- d) Participants were able to prepare meals in a shorter period of time.
- e) Participants learned to utilize what was available in order to perform tasks.
- f) Participants were able to take leftover ingredients into account when deciding on what to prepare during the next cooking session.

4) Other

- a) By re-examining a pilot study of the cooking skills program that was conducted previously at the hospital, it was possible to select participants who had the possibility of discharge in the near future, and therefore, their motivation level was high. At the same time, the frequency of the sessions was increased. As a result, participants were able to take part in the program more seriously compared

to the pilot study where participants took part in the program as somewhat of a recreational activity.

- b) The interests of the participants broadened. As a result, participants began to talk about cooking outside of the program as well as began to check out cooking books from the hospital library. Participants who hardly ever went out of the hospital alone appeared to have gained enough confidence to begin to do so at their own will.
- c) Participants who initially did not express their opinions began to speak out and communication amongst the participants increased.
- d) Ten months into the program, three of the six participants were discharged from the hospital.

As a result of participating in the meal preparation program, the experience gained through instruction and assistance from occupational therapists and nutritionists, and the advice and assistance from physicians, nurses, and psychiatric social workers, participants appeared to gain confidence in themselves and began to have a stronger desire to be discharged.

Generally, during the recovery period, chronic schizophrenics are unable to take significant steps towards improvement as they become aware of their illness and are uncertain of their abilities. However, even in such cases, it is not uncommon for them to appear to be in stable conditions, since they put themselves in their own virtual world in which all is well. To facilitate their transition, they need an environment in which they can safely make mistakes while receiving reassurance from others on their procedures.

As in the participants in this program, schizophrenics who have been hospitalized for extended periods despite having stable conditions have become "institutionalized" and therefore have difficulty returning to the community. Through participation in this program, participants can take the first steps towards community living in a controlled environment in which staff members and other group members can provide assistance and contribute to the increase in

their confidence.

There are certain issues of this meal preparation skills program that need to be resolved in further studies.

1. As the program was conducted in groups, there was a tendency for participants to take certain roles within the group. Participants were inclined to perform tasks they were comfortable with, and depended on others to perform the other tasks.
2. More feedback should have been taken from the participants.
3. Special instruction on nutrition and on acquiring a sense of economy was not given.
4. The evaluation sheet designed and used in this program assessed participants' abilities using only 3 levels of evaluation, therefore it was difficult to accurately gauge the degree of improvement.

Conclusion

Cooperation of the team members and the participants resulted in a program that provided participants with the opportunity to develop the skills and confidence necessary for their transition from institutional living to community living. This program will be further investigated.

Acknowledgements

We are grateful to Eric Asaba, OTR., for initiating the meal preparation program and for conducting the pilot study on which this study is based.

References

- Ido, Y., Makino, J., Okushima, R., Tsutsumi, S., Sakai, T. : Factors on life-style-related disorders found in day-care schizophrenics. *Aino Journal* 1, 33-38, 2002
- Hamer, E., Brown, C. E. : Developing a Context-Based Performance Measure for Persons with Schizophrenia : The Test of Grocery Shopping Skills. *The American Journal of Occupational Therapy*. 54 (1) : 20-25, 2000
- Yamane, H. : *Mental Illness and Occupational Therapy*. Miwa Shoten, 162, 1997